

cr-06295-PCN  
DOC# 161DOCUMENT PRESENTED  
BY TROY, TROY

Entered on FLSD Docket 08/08/2001 ELS 01-1866

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 0:00-006293-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Brown (WDF)	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE <input checked="" type="checkbox"/> Federal Case <input type="checkbox"/> State Case <input type="checkbox"/> Both			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense. 1) 21 846=ND.F -- CONSPIRACY TO DISTRIBUTE NARCOTICS						
12. ATTORNEY'S NAME, (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Casuso, Louis 111 NE 1st Street, Ste. 603 Miami FL 33132		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Sub For Federal Defender <input type="checkbox"/> P Sub For Panel Attorney  Prior Attorney's Name: <input type="checkbox"/> Because the above named person represented has settled with another attorney and otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  <i>Suzana S. Snod</i> Signature of Presiding Judicial Officer or by Order of the Court Date of Order: 07/25/2001 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>AUG - 3 2001</b> <b>C Co-Counsel</b> <b>C Sub For Retained Attorney</b> <b>C Y Pro Bono Counsel</b> <b>L.D. SNOD FEDERAL DEFENDER</b> <b>FED. CT. FT. LAUD.</b> <b>AUD.</b>				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)						
15. CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATL/TECH ADJUSTED HOURS	MATL/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
h. Other (Specify on additional sheets)						
(Rate per hour = \$ )		TOTALS:				
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ )		TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Has this previously applied to the court for compensation and reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, if you, your spouse and/or dependents received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.						
Signature of Attorney: _____ Date: _____						
<i>APPROVED FOR PAYMENT - COURT USE ONLY</i>						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE / MAC. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount				DATE		34a. JUDGE CODE